FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZ (See instruc	Office use only												
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5											
Direct Selling	Association	1 1 1 1 1 1 1 1 1 1 1 1												
ADDRESS (number and s	1667 K Street, NW													
X (Check if address is changed)	Şujte,11,00,		DC 20006 _											
COMMITTEE'S E-MAI	ADDRESS	CITY▲	STATE▲ ZIP CODE ▲											
COMMITTEE'S WEB	PAGE ADDRESS (URL)													
		1 1 1 1 1 1 1 1 1 1 1												
	1111111111	<u> </u>												
COMMITTEE'S FAX N	UMBER													
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2. DATE 0.8	7 D D 7 P 7 P 9 P 9 P 9 P 9 P 9 P 9 P 9 P 9 P													
3. FEC IDENTIFICA	TION NUMBER	C C00078535												
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)												
I certify that I have examin	ned this Statement and to the best of my l	knowledge and belief it is true, correct	and complete											
Type or Print Name of	Treasurer Joseph N. Mai	riano												
Signature of Treasurer	Electronically Filed by Joseph	N. Mariano	Date 08 / 31 / Y Y Y Y Y											
NOTE: Submission of fal		may subject the person signing this St	atement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS											
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530												

	FECForm 1 (Revised 02/2003)	Page 2
5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cainformation below.)	andidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		mocratic, publican,etc.) Party.
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party
ŝ.	Name of Any Connected Organization or Affiliated Committee	
L		
	Mailing Address	
	CITY≜ STATE ♣ Z	ZIP CODE 🛦
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	on
	Membership Organization Trade Association Cooperative	

	FEC Form 1 (Revised 0	2/2003)		Page 3
W	/rite or Type Committee Name			
	Direct Selling Associat	ion		
7.	Custodian of Records: Ide possession of Committee	entify by name, address, (phone number or books and records.	optional), and position of th	e person in
	Full Name			
	Mailing Address			
	Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲
			Telephone number	;==
8.	Treasurer: List the name name and address of any	and address (phone number optional) of designated agent (e.g., assistant treasurer	the treasurer of the commit	tee; and the
	Full Name of Treasurer			
	Mailing Address			
	Title or Position ♥	CITY A	STATE	ZIP CODE ▲
			Telephone number	
	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ♥	CITY A	STATE A	ZIP CODE A
			Гelephone number	. –

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9.	Banks or Other safety deposit box	xes c	r ma	ainta	ains		List nds	ba	nks	S 0	r ot	hei	r de	еро	sito	orie	s ir	n w	hic	ch t	the	со	mm	nitte	ee d	ерс	osit	s fu	nds	s, h	olds	s ac	CCO	unt	s, r	ent	s		
	Name of Bank, D	epos	itory	, etc	Э.																																		
			Ш									L																											
	Mailing Address				L					L	L		1						L	ı																		Ш	
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